

ORIGINAL

AO 246 (Rev. 10/01)  
DELAWARE (Rev. 1/05)UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARECharles P. Jones

Plaintiff

see (6) defendants on  
complaint

Defendant(s)

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER: 06 129

I, Charles P. Jones

declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Corr. CenterInmate Identification Number (Required): 582 #00228197Are you employed at the institution? YES Do you receive any payment from the institution? YESAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☒ Yes ☐ No

- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer. \$20 per month; D.C.C.  
1481 Padlock Rd. Smyrna, DE. 19977
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |   |  |
|---|---|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| f. Any other sources                              | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

I have received a few  
gifts from family but I do not expect to receive  
any more.  
(Institution Inmate Account sheet attached)

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

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4. Do you have any cash or checking or savings accounts?

• • Yes ☒ No

If "Yes" state the total amount \$ 0

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes ☒ No

If "Yes" describe the property and state its value.

\_\_\_\_\_

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

2-19-06  
DATE

Charles P. [Signature]  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

ORIGINAL

**DELAWARE CORRECTIONAL CENTER**  
**SUPPORT SERVICES OFFICE**  
**MEMORANDUM**

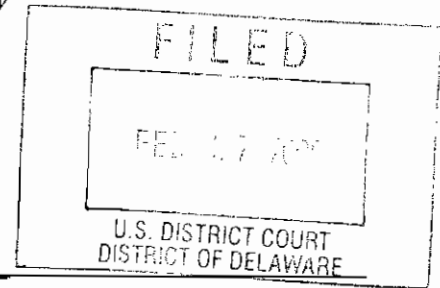
06 129

TO: Charles Jones SBI#: 228197

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: February 10, 2006



Attached are copies of your inmate account statement for the months of August 1, 2005 to January 31, 2006

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Aug</u>	<u>36.02</u>
<u>Sept</u>	<u>22.53</u>
<u>Oct</u>	<u>2.52</u>
<u>Nov</u>	<u>6.69</u>
<u>Dec</u>	<u>15.23</u>
<u>Jan</u>	<u>12.00</u>
Average daily balances/6 months:	<u>15.84</u>

Attachments  
CC: File

Stacy Shane  
2/10/06

Neil L. Hs  
Nat'l Public  
2/14/06

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## Individual Statement

Date Printed: 2/10/2006

## For Month of August 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$70.48
00228197	Jones	Charles				
Current Location:		C	Comments:			
Non-Medical Hold						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Canteen	8/2/2005	(\$29.94)	\$0.00	\$0.00	\$40.54	138790
Canteen	8/17/2005	(\$29.05)	\$0.00	\$0.00	\$11.49	145503
Mail	8/24/2005	\$40.00	\$0.00	\$0.00	\$51.49	148885
Canteen	8/30/2005	(\$27.23)	\$0.00	\$0.00	\$24.26	150349
Ending Mth Balance:					\$24.26	
MO # or Ck #						
PayTo						
SourceName						
G JONES						

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

# Individual Statement

## For Month of September 2005

Date Printed: 2/10/2006

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SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$24.26
00228197	Jones	Charles				
Current Location:	C	Comments:				
Non-Medical						
Deposit or Withdrawal		Hold				
Trans Type	Date	Amount	Medical Hold	Balance	Trans #	MO # or Ck #
Wage-1099	9/1/2005	\$2.88	\$0.00	\$27.14	152368	PayTo
Canteen	9/13/2005	(\$14.88)	\$0.00	\$12.26	156795	MHU 7/24-8/23
Canteen	9/15/2005	\$14.88	\$0.00	\$27.14	158346	REFUND
Canteen	9/27/2005	(\$27.12)	\$0.00	\$0.02	162266	
Ending Mth Balance:					\$0.02	SourceName

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

# Individual Statement

Date Printed: 2/10/2006

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## For Month of October 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.02
00228197	Jones	Charles				
Current Location:		C	Comments:			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

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## Individual Statement

Date Printed: 2/10/2006

## For Month of November 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.06				
00228197	Jones	Charles								
Current Location:		C	Comments:							
							</			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

# Individual Statement

Date Printed: 2/10/2006

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## For Month of December 2005

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$25.00
00228197	Jones	Charles				
Current Location:		C	Comments:			
Trans Type		Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	
Canteen		12/6/2005	(\$20.57)	\$0.00	\$0.00	
Misc		12/14/2005	\$16.34	\$0.00	\$0.00	
Canteen		12/29/2005	(\$16.35)	\$0.00	\$0.00	
Supplies-MailP		12/29/2005	(\$4.37)	\$0.00	\$0.00	
					Balance	
					\$4.43	191730
					\$20.77	195269
					\$4.42	201156
					\$0.05	201941
					MO # or Ck #	
					PayTo	SourceName
						GRIEVANCE REIMBU
						DST/POSTAGE
					Ending Mth Balance:	\$0.05

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00



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## Individual Statement

Date Printed: 2/10/2006

## For Month of January 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	MO # or Ck #	PayTo	SourceName
00228197	Jones	Charles			\$0.05			R. WARNER A.VISE
Current Location: C		Comments:						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo
Mail	1/13/2006	\$50.00	\$0.00	\$0.00	\$50.05	208006	0507598200	
Mail	1/19/2006	\$100.00	\$0.00	\$0.00	\$150.05	211173	4777691267	
Pay-To	1/19/2006	(\$100.00)	\$0.00	\$0.00	\$50.05	211377		FAME EDWARDS
Pay-To	1/19/2006	(\$40.00)	\$0.00	\$0.00	\$10.05	211381		FAME EDWARDS
Canteen	1/26/2006	(\$9.94)	\$0.00	\$0.00	\$0.11	213675		
					Ending Mth Balance:	\$0.11		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00